

# STATE OF LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS BATON ROUGE, LOUISIANA



Dear Applicant:

In accordance with the provisions of the Louisiana Pawnshop Act, each location at which, or premises upon which, a pawnbroker regularly conducts business shall be designated as a licensee and shall be required to obtain its own individual license from the Commissioner.

Complete the enclosed application for the additional pawnshop license and return it to this Office with the following:

- a check in the amount of \$500, made payable to the Office of Financial Institutions
- a <u>copy</u> of your most recent occupational license for the proposed location

Any questions you may have should be directed to Sandra Ledoux at (225) 922-0638.

Sincerely,

John Ouoras

John Ducrest, CPA Commissioner of Financial Institutions

## Office of Financial Institutions Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

# APPLICATION FOR <u>ADDITIONAL</u> PAWNSHOP LICENSE

Name, address and telephor	ne number of the proposed paw	nshop:	
Name			Telephone
Address	City	State	Zip
If applicant will be doing bu	usiness in a name other than the	e name shown in (2) abo	ove, so state below.
Secretary of State's Office. as filed in the parish you	de name or assumed name of the ach a copy of the Certificate of If an assumed name is used, intend to do business or as from the control of the certificate of the ce	f Registration of Trade attach a copy of the Cer	rtificate of Registra
Secretary of State's Office.	ach a copy of the Certificate of If an assumed name is used, intend to do business or as fi	f Registration of Trade attach a copy of the Cer	rtificate of Registra
Secretary of State's Office. as filed in the parish you Orleans.	ach a copy of the Certificate of If an assumed name is used, intend to do business or as fi	f Registration of Trade attach a copy of the Cer	rtificate of Registra
Secretary of State's Office. as filed in the parish you Orleans.  Manager of proposed pawns	ach a copy of the Certificate of If an assumed name is used, intend to do business or as fi	f Registration of Trade attach a copy of the Cer	rtificate of Registra
Secretary of State's Office. as filed in the parish you Orleans.  Manager of proposed pawns  Name  Residence address	ach a copy of the Certificate of If an assumed name is used, intend to do business or as firshop:  Ilicense number of any other p	f Registration of Trade attach a copy of the Cerled with the registrar of	rtificate of Registra of conveyance in T
Secretary of State's Office. as filed in the parish you Orleans.  Manager of proposed pawns  Name  Residence address  List the name, location and	ach a copy of the Certificate of If an assumed name is used, intend to do business or as firshop:  Ilicense number of any other p	f Registration of Trade attach a copy of the Cerled with the registrar of	rtificate of Registra of conveyance in T

designated docking facility of a river boat licensed to conduct gaming activities or gaming operations

pursuant to Chapter 4 or 5 of Title 27 of the Louisiana Revised Statutes of 1950. ( ) Yes ( ) No

If yes, please provide full details.

7.	Attach a list of applicant's officers, directors, partners, owners, and their percentage of owners furnish a list of stockholders owning 10% or more of the company.						
8.	Contact person regarding this application:		Title:				
	Address:	Cit	y:	State:	Zip Code:		
	Business Telephone No. (	)	Residence Tele	ephone No.	( )		
9.	Is the proposed pawnshop location currently open and operating? ( ) Yes ( ) No If so, by whom?						
10.	Do you understand that any false or misleading statement made in this application may be grounds for denial, revocation, or suspension of the pawnbroker's license? ( ) Yes ( ) No						
	Prepared this	day of		, 20			
	(Full name of the pawnshop including trade name)						
	By:(Signature & Title)						
			(Print or type na	ime)			
STA	TE OF						
PAR	RISH/COUNTY OF						
decla s/he repre	Before me, the undersigned autared under oath that s/he is the is authorized to complete the esentations made in the foregration and belief.	attached application	of of for Pawnbroker Li	censure and	, that d that all statements and		
		(Signa	ature and title)				
Š	Sworn to and subscribed before	e me on this the	day of		, 20		
			(Notary Public)				
			(Print name of N	Notary Publi	ic)		

## STATE OF LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS BATON ROUGE, LOUISIANA

DATE: June 4, 1999 POLICY NO. **ND-01-99** 

## MATURITY DATES FOR MISCELLANEOUS AND JEWELRY PAWN TRANSACTIONS

#### **PURPOSE:**

The purpose of this policy is to clarify the required maturity date when miscellaneous things and jewelry are combined into one pawn transaction.

#### TO WHOM THIS REGULATION APPLIES:

This policy applies to all pawnbrokers.

#### **BACKGROUND:**

LSA-R.S. 37:1800(A) states that "The maturity date for miscellaneous things shall be no less than three months from the pawn transaction date, and the maturity date for jewelry shall be not less than six months from the pawn transaction date."

### **SPECIFICS:**

When miscellaneous things and jewelry are combined into a single pawn ticket, the minimum maturity date required on that pawn ticket shall not be less than six months; however, miscellaneous items may be taken for pawn on a separate ticket with a three-month maturity.

s/Doris B. Gunn
Doris B. Gunn
Acting Commissioner of Financial Institution

Acting Commissioner of Financial Institutions

# AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES THIS FORM MUST BE SUBMITTED FOR ALL PERSONS LISTED IN QUESTION # 7 Name: Social Security #: Home Address, City, State, Zip Code: Date of Birth: Home Telephone No: Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation, Include names, dates, court name and address, case number, judgement amounts. Have any civil judgments been entered against you during ( ) Yes, attach explanation ( ) No the past 10 years? Are there any civil proceedings pending against you or civil ( ) Yes, attach explanation ( ) No judgements entered against you which involve fraud or Have you been convicted of or entered a plea of Nolo ( ) Yes, attach explanation ( ) No Contendere to a felony? Have you ever been convicted of or entered a plea of Nolo ( ) Yes, attach explanation ( ) No Contendere to any misdemeanor involving theft, fraud, or dishonesty? Have you been the subject of a bankruptcy, assignment for ( ) Yes, attach explanation ( ) No the benefit of creditors, receivership, conservatorship, or any similar proceeding? Have you been subject to any enforcement proceedings by ( ) Yes, attach explanation ( ) No any State or Federal government agency involving the revocation/suspension of any business, fines or penalties? Have you been discharged for cause or been requested to ( ) Yes, attach explanation ( ) No resign from any employment position? I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate. Signature SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_\_day of \_\_\_\_\_\_\_, 20 \_\_\_\_\_. AT:\_\_\_\_ (CITY) (STATE or COMMONWEALTH) PRINT NAME OF NOTARY PUBLIC: SIGNATURE OF NOTARY PUBLIC: